

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SEARCH NO. 10/591275

FILED DATE

APPLICATION

81409

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2	1		1					52					
3	2		2					53					
4	2		2					54					
5	2		2					55					
6	2		2					56					
7	2		2					57					
8	2		2					58					
9	2		2					59					
10	2		2					60					
11	2		2					61					
12	2		2					62					
13	2		2					63					
14	2		2					64					
15	2		2					65					
16	1							66					
17	2							67					
18	2							68					
19	2							69					
20	2							70					
21	2							71					
22	2							72					
23	2							73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	24		2		2				2		2		
TOTAL DEP.	38		24		24				2		2		
TOTAL CLMNS	47		36						2		2		